

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

#63-040215
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5572

FILED OCT 24 1963

DO NOT WRITE ON THIS STUB
AMENDED

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Length of stay in 1b 9 days	c. CITY OR TOWN Mendon
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rural Route
3. NAME OF DECEASED (Type or print) First PETER Middle B. Last WALD		4. DATE OF DEATH Month 10 -Day 9 -Year 63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-26-11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	9. AGE (last birthday) 52
13a. FATHER'S NAME Fred Wald		13b. MOTHER'S MAIDEN NAME Barbara Rigelsberger	11. BIRTHPLACE (City and state or country) Chariton Co., Mo.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Roberta Wald Address Mendon, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEART FAILURE		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) UNDETERMINED CAUSE	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Excision of 1900 GYM. RETROPERITONEAL TUMOR OF UROGENITAL FOLD 10-3-63		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year		20f. CITY, TOWN, OR LOCATION Mendon COUNTY Chariton STATE Mo.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from 10-1-63 to 10-9-63 and last saw her/him alive on 10-9-63 . Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE George O. Miles, M.D. (Degree or title)		22b. ADDRESS 4320 Wornall Road, K.C., Mo	
22c. DATE SIGNED 10-14-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-12-63	
23c. NAME OF CEMETERY OR CREMATORY St. Raphael Cemetery		23d. LOCATION (City, town, or county) Indian Grove, Mo.	
24. FUNERAL DIRECTOR McCurry Funeral Home, Brunswick, Mo		26. REGISTRAR'S SIGNATURE Bessie Smith	
25. DATE RECD. BY LOCAL REG. 10-14-63			

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

George O. Miles

USE BLACK INK OR TYPEWRITER RIBBON

OCT 25 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Forrest D. Colgan

Licensed Embalmer No. 4714

P. O. Address K.C. 7th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.